



NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a pre label, affix it in the space at left. If any information on the label is incorrect, draw through it and supply the correct information in the appropriate section below. If the complete and correct, leave Items I, II, below blank. If you did not receive a pre label, complete all items. "Installation" is a single site where hazardous waste is generated, treated, stored and/or disposed of, or a person's principal place of business. Please to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form information requested herein is required (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	<div>RECEIVED RCRA SECTION EPA REGION III APR 17 1981 2020 70 PLEASE PLACE LABEL IN THIS SPACE</div>
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

FOR OFFICIAL USE ONLY

COMMENTS	
C	
15	16

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)									
F	M	D	D	O	2	4	2	7	5	2	5	7	2	1	A	8	1	0	4	1	7
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

I. NAME OF INSTALLATION

R	o	g	e	r	s	E	l	e	c	t	r	i	c	C	o	m	p	a	n	y	,	I	n	c	.
30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX																									
3	4	9	0	5	E	d	m	o	n	s	t	o	n	R	o	a	d								
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
CITY OR TOWN															ST.		ZIP CODE								
4	H	y	a	t	t	s	v	i	l	l	e						M	D	2	0	7	8	1		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																									
5	4	9	0	5	E	d	m	o	n	s	t	o	n	R	o	a	d								
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
CITY OR TOWN															ST.		ZIP CODE								
6	H	y	a	t	t	s	v	i	l	l	e						M	D	2	0	7	8	1		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																									
2	J	a	m	e	s	P	.	K	r	o	m	,	O	p	e	r	a	t	i	o	n	s	M	g	r	.	3	0	1	.	2	7	7	.	8	6	0	0		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																										
8	R	o	g	e	r	s	E	l	e	c	t	r	i	c	C	o	m	p	a	n	y	,	I	n	c	.
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)										VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))									
F = FEDERAL					M = NON-FEDERAL					<input type="checkbox"/> A. GENERATION					<input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII)				
										<input type="checkbox"/> C. TREAT/STORE/DISPOSE					<input type="checkbox"/> D. UNDERGROUND INJECTION				

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input checked="" type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
61	62	63	64	65

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION										<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)										C. INSTALLATION'S EPA I.D. NO.									

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 2 2 3 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC PCB
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Edward J. Kern</i>	NAME & OFFICIAL TITLE (type or print) Edward J. Kern President	DATE SIGNED 4-6-81
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**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MDD 02 427 5257

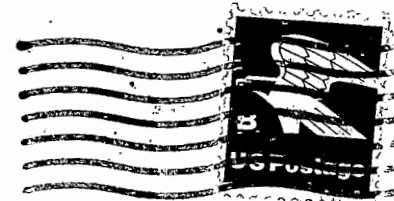
INSTALLATION ADDRESS

Mr. James Krom
Rogers Electric Company
4905 Edmonston Road
Hyattsville, MD 20781

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Hyattsville, MD 20781

Rogers Electric Company
INC.

ELECTRICAL CONTRACTOR
4905 EDMONSTON ROAD
HYATTSVILLE, MARYLAND 20781



EPA Region III
P.O. Box 1480
Philadelphia, PA 19107